

Were you employed (or self-employed) at any time **between March 15th, 2019 and March 14th, 2020?**

- 1 Yes 0 No (if "No" skip to #26, "new jobs"]

Before COVID-19, did you use protective equipment in your job? *Check all that apply:*

- | | |
|--|--|
| 1 <input type="checkbox"/> Surgical masks | 2 <input type="checkbox"/> N-95 masks or similar (N99, R95, etc.) |
| 3 <input type="checkbox"/> Cloth masks | 4 <input type="checkbox"/> Reusable respirators (elastomeric respirators or powered air purifying respirators) |
| 5 <input type="checkbox"/> Disposable face shields | 6 <input type="checkbox"/> Reusable face shields |
| 7 <input type="checkbox"/> Gloves | 8 <input type="checkbox"/> Footwear/boot covers |
| 9 <input type="checkbox"/> Protective head covers | 10 <input type="checkbox"/> Disposable fluid resistant aprons |
| 11 <input type="checkbox"/> Jumpsuit/protective coverall | 12 <input type="checkbox"/> Plastic gowns |
| 0 <input type="checkbox"/> None of the above | |

[If any of the protective equipment were checked, ask for each one checked]

a. Were these provided by your employer?

- 1 Yes 0 No

Questions 3-16 will ask about your employment between February 1st and March 15th 2020, up until your local officials or state official issued "stay at home," "shelter in place," or other rules restricting non-essential activities in the face of the COVID-19 pandemic.

3. How many jobs did you have **during the period February 1st – March 15th 2020?**

- 1 1
2 2
3 >2

[Numbers 11-18, Repeat for Job #1, Job #2]

11. For your job, were you represented by a union?

- 1 Yes

a. *[If yes]* Name of the union: _____

b. *[If yes]* Local # or chapter: _____.

- 0 No

- 2 I don't not know

12. Did you enroll in a health insurance plan through this job?

- 1 Yes, I did

- 2 No, I didn't because it was too expensive

- 3 No, I didn't because it was not offered

- 4 No, I didn't because I was not eligible

- 5 No, I didn't because I was covered under another job

- 6 No, I was covered by health insurance of another family member

13. What type of work did you do? (*Mark up to 2 that best describe the type of work you do*)

- 0 Self-employed
- 1 Agriculture
- 2 Manufacturing, whole sale, distribution
- 3 Communication, electric, gas and sanitary/waste services
- 4 Transportation of people
- 5 Transportation of goods
- 6 Finance, insurance or real estate
- 7 Supermarket or grocery store
- 8 Pharmacy
- 9 Building materials, mobile homes, hardware, garden, home furnishings, furniture, equipment
- 10 Retail: Department store or big box store (e.g., Costco, Walmart, Target)
- 11 Other retail
- 12 Restaurants, eating and drinking places (e.g., coffee shops, bars, breweries)
- 13 Construction
- 14 Scientific, technical
- 15 Education
- 16 Health or healthcare
- 17 Hotels, Hospitality
- 18 Private homes
- 19 Legal
- 20 Police & Fire
- 21 Services (not otherwise listed)
- 22 Entertainment, Recreation
- 23 Business & consultation
- 24 Government, Public Administration (other than finance)
- 25 Other Describe: _____
- 26 I prefer not to answer

14. What was your job? _____

REMINDER: Think about the period of February 1st – March 15th, 2020, when answering questions 15 and 16.

15. On a typical day during the time you were at work, how many people would you encounter within 6 feet?

- 1 1-4 2 5-10 3 11-20 4 21 or more 0 None

16. Did your employment fall into the category of essential services?

- 1 Yes
 0 No
 2 I'm not sure. Explain: _____

*Answer the following questions thinking about the time **between the outbreak of COVID-19 and now.***

17. Did you lose your health insurance after the COVID-19 outbreak?

- 1 Yes, because I lost or left my job
 2 Yes, because my hours were reduced
 3 Yes, because my employer reduced the benefits available
 4 No, I did not lose my health insurance
 5 Other, describe _____

If selected 1, 2 or 3

17a. In what ways would you say the COVID-19 outbreak has affected your overall healthcare?
 (Mark all that apply)

- 0 Not applicable – I have not tried to access my health care provider since the COVID-19 outbreak
 1 I did not go to healthcare appointments because I was concerned about entering my healthcare provider's office
 2 My healthcare provider cancelled appointments
 3 My healthcare provider changed to phone or telemedicine/video appointments
 4 I did not attend needed healthcare appointments because of a loss of insurance
 5 My health care changed in other ways. Specify: _____
 6 My health care did not change

17b. In general, how distressed are you about **changes to your health care or health insurance** due to the COVID-19 outbreak?

- 1 Not at all
 2 Mildly
 3 Moderately
 4 Extremely

18. Between the outbreak of COVID-19 and now, in what ways has the COVID-19 outbreak affected your work status? (*Select one*)

1 I continued working for the same employer **with no changes to location or additional jobs**
[Complete 38-44 (same job)]

1a. Has this job put you at increased risk of getting COVID-19? 1.) yes 0.) no 2.) don't know
1b. Have your hours 1.) increased or 2.) decreased or 3.) stayed the same?

2 I continued working for the same employer **with no changes in hours or location, but added additional jobs**

[Complete 26-44 (new job) & (same job)]

2a. Have these jobs put you at increased risk of getting COVID-19? 1.) yes 0.) no 2.) don't know

3 I continued working for the same employer, but **my location of work moved**
[Complete 38-44 (same job)]

a.) Are you working from home 1 yes 0 no

b.) Are you working at another location (other than home) 1 yes 0 no

c.) Have your hours 1.) increased or 2.) decreased or 3.) stayed the same?

d.) Has this job put you at increased risk of getting COVID-19? 1.) yes 0.) no 2.) don't know

4 I **lost my job permanently and did not find another job**

[Complete 19-25 (lost job) then skip to 44 "other adults in household working"]

a. Date employment ended: $\frac{\quad}{\text{MM}} / \frac{\quad}{\text{DD}} / \frac{\quad}{\text{YYYY}}$

Warning! This date must be today or in the past

5 I **lost my job permanently and got another job**

[Complete 19-25 (lost job) & 26-37 (new job) then skip to #44]

a. Date employment ended: $\frac{\quad}{\text{MM}} / \frac{\quad}{\text{DD}} / \frac{\quad}{\text{YYYY}}$

Warning! This date must be today or in the past

b. Date new job started: $\frac{\quad}{\text{MM}} / \frac{\quad}{\text{DD}} / \frac{\quad}{\text{YYYY}}$

Warning! This date must be today or in the past

6 I **lost my job temporarily** (or was not told for how long), and **have not found another job**
[Complete 19-25 (lost job) then skip to 44 "other adults in household working"]

b. Date employment ended: $\frac{\quad}{\text{MM}} / \frac{\quad}{\text{DD}} / \frac{\quad}{\text{YYYY}}$

Warning! This date must be today or in the past

20. **After COVID-19 and before you lost your job**, did you use protective equipment in your job?

Check all that apply:

- | | |
|--|--|
| 1 <input type="checkbox"/> Surgical masks | 2 <input type="checkbox"/> N-95 masks or similar (N99, R95, etc.) |
| 3 <input type="checkbox"/> Cloth masks | 4 <input type="checkbox"/> Reusable respirators (elastomeric respirators or powered air purifying respirators) |
| 5 <input type="checkbox"/> Disposable face shields | 6 <input type="checkbox"/> Reusable face shields |
| 7 <input type="checkbox"/> Gloves | 8 <input type="checkbox"/> Footwear/boot covers |
| 9 <input type="checkbox"/> Protective head covers | 10 <input type="checkbox"/> Disposable fluid resistant aprons |
| 11 <input type="checkbox"/> Jumpsuit/protective coverall | 12 <input type="checkbox"/> Plastic gowns |

[If any of the protective equipment were checked, ask for each one checked]

a. Were these provided by your employer?

- 1 Yes 0 No

21. **After COVID-19 and before you lost your job**, had your employer: *(Mark all that apply)*

Response for how this has affected you.

- 1 Provided additional stations or supplies for washing or sanitizing hands
- 2 Physically distanced staff from each other or from patrons/clients
- 3 Added plastic/other physical barriers between workers and others
- 4 Required body temperature checks for employees before work
- 0 None of the above

22. **After COVID-19 and before you lost your job**, did your employer require you to wear a mask?

- 1 Yes 0 No

23. **After COVID-19 and before you lost your job**, did your employer require customers/other patrons to wear masks?

- 1 Yes 0 No

24. **After COVID-19 and before you lost your job**, had your employer: *(Mark all that apply)*

- 1 Required employees to re-use masks that are meant to be disposable
- 2 Provided you with masks previously worn by others
- 3 Started doing fit testing of employee respirators
- 4 Started de-contaminating disposable masks or respirators to make them last longer
- 5 Required rapid COVID-19 testing before work

None of the above

25. **After COVID-19 and before you lost your job**, on a typical day during the time you were at work, how many people would you encounter within 6 feet?

- 1 1-4
 2 5-10
 3 11-20
 4 21 or more
 0 None

Please answer Questions 26-37 about your new job(s).

[Display if options 2, 5 or 7, "new job" are checked]

[Repeat for new Job #1, Job #2]

26. How many new jobs do you currently have?

- 0 0, I do not have a new job
 1 1
 2 2
 3 >2

27. For your new job, are you represented by a union?

- 1 Yes
 a. *[If yes]* Name of the union: _____
 b. *[If yes]* Local # or chapter: _____
 0 No
 2 I do not know

28. What type of work do you do in your new job? (*Mark up to 2 that best describe the type of work you do*)

- 0 Self-employed
 1 Agriculture
 2 Manufacturing, whole sale, distribution
 3 Communication, electric, gas and sanitary/waste services
 4 Transportation of people
 5 Transportation of goods
 6 Finance, insurance or real estate
 7 Supermarket or grocery store
 8 Pharmacy
 9 Building materials, mobile homes, hardware, garden, home furnishings, furniture, equipment
 10 Retail: Department store or big box store (e.g., Costco, Walmart, Target)
 11 Other retail

- 12 Restaurants, eating and drinking places (e.g., coffee shops, bars, breweries)
- 13 Construction
- 14 Scientific, technical
- 15 Education
- 16 Health or healthcare
- 17 Hotels, Hospitality
- 18 Private homes
- 19 Legal
- 20 Police & Fire
- 21 Services (not otherwise listed)
- 22 Entertainment, Recreation
- 23 Business & consultation
- 24 Government, Public Administration (other than finance)
- 25 Other Describe: _____
- 26 I prefer not to answer

29. What is your new job? _____

30. Does your new employment fall into the category of essential services?

- 1 Yes
- 0 No
- 2 I'm not sure. Explain: _____

31. **Between the outbreak of COVID-19 and now, are you using protective equipment in your new job?** Check all that apply:

- | | |
|--|--|
| 1 <input type="checkbox"/> Surgical masks | 2 <input type="checkbox"/> N-95 masks or similar (N99, R95, etc.) |
| 3 <input type="checkbox"/> Cloth masks | 4 <input type="checkbox"/> Reusable respirators (elastomeric respirators or powered air purifying respirators) |
| 5 <input type="checkbox"/> Disposable face shields | 6 <input type="checkbox"/> Reusable face shields |
| 7 <input type="checkbox"/> Gloves | 8 <input type="checkbox"/> Footwear/boot covers |
| 9 <input type="checkbox"/> Protective head covers | 10 <input type="checkbox"/> Disposable fluid resistant aprons |
| 11 <input type="checkbox"/> Jumpsuit/protective coverall | 12 <input type="checkbox"/> Plastic gowns |

[If any of the protective equipment were checked, ask for each one checked]

a. Were these provided by your employer?

- 1 Yes 0 No

32. **Between the outbreak of COVID-19 and now in your new job, has your employer?** (Mark all that apply)

- 1 Provided additional stations or supplies for washing or sanitizing hands
- 2 Physically distanced staff from each other or from patrons/clients

- 3 Added plastic/other physical barriers between workers and others
 4 Required body temperature checks for employees before work
 0 None of the above

33. **Between the outbreak of COVID-19 and now**, has your employer require you to wear a mask **in your new job**?

- 1 Yes 0 No

34. **Between the outbreak of COVID-19 and now**, did your employer require customers/other patrons to wear masks **in your new job**?

- 1 Yes 0 No

35. **Between the outbreak of COVID-19 and now**, has your employer **in your new job**: *(Mark all that apply)*

- 1 Required employees to re-use masks that are meant to be disposable
 2 Provided you with masks previously worn by others
 3 Started doing fit testing of employee respirators
 4 Started de-contaminating disposable masks or respirators to make them last longer
 5 Required rapid COVID-19 testing before work
 0 None of the above

36. **Between the outbreak of COVID-19 and now**, **in your new job** has your employer provided mental health resources.

- 1 Yes 0 No

37. On a typical day during the time you are at work, how many people do you encounter within 6 feet **in your new job**?

- 1 1-4
 2 5-10
 3 11-20
 4 21 or more
 0 None

38. Did you enroll in a health insurance plan through this **new job**?

- 1 Yes, I did
 2 No, I didn't because it was too expensive
 3 No, I didn't because it was not offered
 4 No, I didn't because I was not eligible
 5 No, I didn't because I was covered under another job
 6 No, I was covered by health insurance of another family member

Please answer questions 39-45 for your current job; the same job you had before COVID.
[Display if options 1, 2 or 3, "same job" in Question 18 are checked]
[Repeat for new Job #1, Job #2]

39. Between the outbreak of COVID-19 and now, are you using protective equipment?

Check all that apply:

- | | |
|--|--|
| 1 <input type="checkbox"/> Surgical masks | 2 <input type="checkbox"/> N-95 masks or similar (N99, R95, etc.) |
| 3 <input type="checkbox"/> Cloth masks | 4 <input type="checkbox"/> Reusable respirators (elastomeric respirators or powered air purifying respirators) |
| 5 <input type="checkbox"/> Disposable face shields | 6 <input type="checkbox"/> Reusable face shields |
| 7 <input type="checkbox"/> Gloves | 8 <input type="checkbox"/> Footwear/boot covers |
| 9 <input type="checkbox"/> Protective head covers | 10 <input type="checkbox"/> Disposable fluid resistant aprons |
| 11 <input type="checkbox"/> Jumpsuit/protective coverall | 12 <input type="checkbox"/> Plastic gowns |

[If any of the protective equipment were checked, ask for each one checked]

a. Were these provided by your employer?

- 1 Yes 0 No

40. Between the outbreak of COVID-19 and now, has your employer? (Mark all that apply)

- 1 Provided additional stations or supplies for washing or sanitizing hands
 2 Physically distanced staff from each other or from patrons/clients
 3 Added plastic/other physical barriers between workers and others
 4 Required body temperature checks for employees before work
 0 None of the above

41. Between the outbreak of COVID-19 and now, has your employer required you to wear a mask?

- 1 Yes 0 No

42. Between the outbreak of COVID-19 and now, has your employer required customers/other patrons to wear masks?

- 1 Yes 0 No

43. Between the outbreak of COVID-19 and now, has your employer: (Mark all that apply)

- 1 Required employees to re-use masks that are meant to be disposable
 2 Provided you with masks previously worn by others
 3 Started doing fit testing of employee respirators
 4 Started de-contaminating disposable masks or respirators to make them last longer
 5 Required rapid COVID-19 testing before work

None of the above

44. **Between the outbreak of COVID-19 and now**, has your employer provided mental health resources.

1 Yes 0 No

45. **Between the outbreak of COVID-19 and now**, on a typical day during the time you are at work, how many people do you encounter within 6 feet?

- 1 1-4
 2 5-10
 3 11-20
 4 21 or more
 0 None

46. Are there other adults in your household who were working prior to the outbreak of COVID-19?

1 Yes

a. *[If yes]* Would they like to participate in this survey?

1 Yes

a. *[If yes]* To link their survey with yours as one household, please provide their contact information. We will send them a specific link.

e-mail address: _____

telephone number: (____) ____ - ____

0 No

0 No

Healthcare Workers Only (REQUIRED)

[Display if "health or healthcare" is selected in 13 or 28]

13/28a In what ways do you have contact with suspected or confirmed COVID-19 patients?
(Select all that apply)

- 1 I am in direct physical contact or work within 6 feet of patients
 2 I work in or clean patients' rooms within 6 feet of patients
 3 I work in or clean patients' rooms, but more than 6 feet away
 4 I work on or sometimes visit the same floor/ward/department that patients are cared for
 5 I share work spaces (entrances, cafeteria, washrooms, locker-rooms, etc.) with other workers who work with/near COVID-19 patients
 6 I visit or have visited a patient at their home
 7 I work in a specialized COVID-19 unit
 8 Other, describe _____
 9 I don't know

13/28b. Were you at work in the 10 days prior to experiencing symptoms?

1 Yes

0 No

2 Not applicable, I did not have symptoms

Contains items 8-46, and 13/28a and 13/28b from "Section B: The Workplace" and was renumbered from the full document "Survey for Workers"